

# Medical Service Termination Notice

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Policy Number: [Insert Policy Number]

Dear [Insert Patient Name],

We are writing to inform you that as of [Insert Termination Date], your medical services under your current policy will be terminated due to updates in our policy and coverage options.

This decision was made to better align with our current services and your healthcare needs. We encourage you to review the updated policy options available and consider enrolling in one of our new plans that may better fit your needs.

If you have any questions regarding this termination or would like assistance navigating the policy updates, please feel free to contact our office at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Medical Facility/Practice Name]